

DIGITAL EMPOVERMENT NETWORK (DEN)

VIRTUAL UI/UX INTERNSHIP

Batch # 03

Task # 03

SUBMITTED BY:

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COURSE:

UI/UX DESIGNING

CID:

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Task # 03:

Developing a Multi-step Form for a Web Application:

- **Objective:** Design a user-friendly multi-step form for a web application
- (e.g., a signup or checkout process).
- **Description:** Ensure the form is easy to navigate, visually appealing, and reduces user friction, enhancing the overall user experience.
- **Key Steps:**
 - Analyze user flow and pain points in the current form
 - Design wireframes and prototypes for each step of the form
 - Implement design elements that improve usability (e.g., progress indicators, error handling)
 - Test with real users and iterate based on feedback.

➤ **Figma Design Link:**

<https://www.figma.com/design/VFFUIJC9uaeJX0AArzJx1N/Untitled?node-id=0-1&t=MDpT0MWLGAMg9ctB-1>

➤ **Prototype Link:**

<https://www.figma.com/proto/VFFUIJC9uaeJX0AArzJx1N/Untitled?node-id=4-2&node-type=canvas&t=MDpT0MWLGAMg9ctB-0&scaling=min-zoom&content-scaling=fixed&page-id=0%3A1&starting-point-node-id=4%3A2>



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Secure your family's future with coverage that protects against life's unexpected events.



Step 1
Basic Information



Step 2
Address Information



Step 3
Plan Selection



Step 4
Payment Information



Step 5
Review and Confirm

[Proceed →](#)

Step 1 Step 2 Step 3 Step 4 Step 5
Basic Information Address Information Plan Selection Payment Information Review and Confirm
In Progress

Step 1/5

First Name*

Middle Name (optional)

Last Name*

Email Address*

Phone Number*

DOB*

Gender *

Next →

Step 1 Step 2 Step 3 Step 4 Step 5
Basic Information Address Information Plan Selection Payment Information Review and Confirm
Completed In Progress

Step 2/5

Address*

City *

Province*

Postal Code *

← Back

Next →



Step 3/5

Select Type of Insurance Plan*

Select▼

Select Coverage Option*

Select▼

Additional Benefit if Any (optional)

- ☒ Family Coverage
- ☒ Accident Coverage
- ☒ Critical illness Coverage
- ☒ International Travel Coverage

← Back

Next →



Step 4/5

Credit/Debit Card Number*

Enter Number

Expiration Date*

MM/YY

Enter 3 Digit CVV Code*

Billing Address*

Enter Billing Address Here

← Back

Next →



Step 5/5

Name

Muhammad Hamid Daud

Contact Number

+92 314-9316846

Selected Plan

Health Insurance

Plan Coverage

Premium Plan

← Back

Submit



Thank You for Signing Up with Secure Life 🌿 Insurance!

An Email along with instructions will be sent to you after the verification of your application. This Step will Take 2,3 days.Stay patient!

Exit